

IMPACT Plus Care Plan

Instructions

Effective October 1, 2001, the **IMPACT Plus Care Plan** will replace the existing IMPACT Plus Service Plan. **The IMPACT Plus Care Plan** is designed to elicit the information that will support targeted case managers efforts to write goals that are:

- Driven by the child's DSM IV diagnosis
- Behaviorally specific
- Time limited
- Realistic
- Client focused
- Strength based
- Outcome measurable

The Care Plan will also facilitate the representation of the data/information that the Healthcare Review Corporation (HRC) requires to determine medical necessity and prior authorization for IMPACT Plus services. Please complete the **Care Plan** as thoroughly as possible. If writing rather than typing the plan, be certain that it is legible. The Care Plan is divided into eight sections. Following is a description of each section and the corresponding instructions:

Demographics.

Please fill out all fields in this section. If writing, be especially conscious of writing legibly. On the Current Placement line identify the name and the relationship of the person(s) the child lives with. For example, Ann Jones, biological mother.

Strengths Assessment.

List the Child Strengths and Family Strengths that the team identifies. Natural supports that are present in the child's own personal world shall also be identified by the team and recorded. Natural supports are those such as parents, siblings, teachers, church, Boy Scouts/Girl Scouts, Big Brother/Big Sister, etc....

DSM IV Assessment.

Record in this section all of the relevant Multi Axial Assessment information.

- Axis I - used for reporting a psychological disorder(s) diagnosed by a qualified behavioral health professional (BHP). An Axis I Diagnosis is an eligibility requirement for IMPACT Plus services.
- Axis II – used for reporting a developmental, cognitive or personality disorder diagnosed by a BHP.
- Axis III – used for reporting a medical doctor's diagnosis of general medical condition(s).
- Axis IV – report of psychosocial and environmental problems that may affect the diagnosis, treatment and progress of mental disorders. Any provider working with the child many identify these problems.

- Axis V- used for reporting individual and family functioning using two common instruments. The Global Assessment of Functioning (GAF) documents the clinician's judgement of an individual's overall level of functioning. The GAF is a useful tool for tracking clinical progress. The Global Assessment of Relational Functioning (GARF) documents the clinician's judgement of a family's functioning. Scores are out of 100 and determined by a BHP.

Clinical Information.

When listing the Clinical Information (symptoms/behaviors that place the child at risk of institutionalization) remember to prioritize and begin with the most serious behaviors.

Treatment Goals/Objectives. (This page can be duplicated as needed in order to have adequate space for listing all of the goals and objectives that the team would like to address).

Symptoms/behaviors that the first goal will address are listed here. Record the goal that the team identifies. All goals shall link back to the child's DSM IV diagnosis and ultimate discharge goals.

Since the goals must be measurable, a *Baseline Measure* is required. This is determined by the frequency the behavior currently occurs. Identify the natural supports in the child's life that may help him/her attain this goal.

The *Objectives* are the programs of therapies, activities, interventions or experiences designed to meet the goal. The *Service* is the intervention that will occur. The *Frequency* is how often the intervention will occur (1x per week). *Intensity* is how long the intervention will last each time it occurs (30 minutes). *Responsible Team Member* shall be identified. *Duration* is the length of time targeted to achieve the goal (8 weeks).

The *Outcome Measure for Goal Achievement* is the level of the child's functioning in regard to the behavior addressed by this goal.

The *Projected Date* for review of the outcome measure would at least occur at the next team meeting.

Discharge Plan.

The Discharge Plan should identify the behaviors that will be present or absent when the child is ready to exit IMPACT Plus. These should be driven by attainment of the goals previously identified in the Treatment Goals/Services section of the Plan. It should also list the desired natural supports that the family/child can access when the child exits IMPACT Plus.

Crisis Action Plan.

The Crisis Action Plan is the final section to be developed by the team. The Crisis Plan should be individualized to the child/family and their strengths (they are the primary

resources to be utilized in the event of a crisis). Consider and include measures that have previously been effective. Begin with strategies that are least restrictive and most natural and progress to the highest level of crisis management. Identify who will implement the strategy. Go over the Crisis Plan at each team meeting and revise as needed.

Team Members' Signatures.

Each team member should participate in planning and reviewing the entire Plan before signing and dating it. Each team member should be given a copy of the final Plan to ensure he/she understands his/her role in carrying out the Plan. A confidentiality statement has been added to this Plan so that another confidentiality statement will not have to be generated at the team meeting.